

## **KHAO LAK REPORT**

**Visit conducted by: Dr Jari and Dr Kwang Joo TEO on 3 Jan 2005**

### **VISIT TO KHAO LAK RESORT AREA**

1. Khao Lak Resort area stretches for 40 km along the eastern coast of Phang Nga Province. There are many resorts lying on the 40 km stretch of beaches.
2. More than 90 % of the resort are damaged or completely destroyed. Those 4 story resort still standing have the ground floor and second floor badly damaged. Single story resorts are completely destroyed. Vehicles were found on the fields, ditches and even on top of some resort. The damage in economic sense would be great as both the tremendous cost of clearing the debris and reconstruction plus psychological fear of tourists visiting the resort area (even after they are reconstructed).
3. The damage stretches up to 500 metres inland, damaging even houses across the Highway 4 running parallel to the coast.
4. Beside the resort area, a fishing village called Nam Kem was completely destroyed. The 5720 survivors were distributed into 3 districts for temporary shelters (Amphor Takuapa, Amphor Taimuang, Amphor Kupaburi). Camp sites housing 50 to 1500 were setup in 24 sites in the 3 districts. The sites are managed by the Department of Social Development with assistance from the Ministry of Defence, Ministry of Health and Ministry of Interior. A detailed assessment was done on 2 sites (1 housing 200 and the other housing 500).

### **VISIT TO TAKUA PA HOSPITAL (CAMPSITE FOR 200)**

5. The displaced people are taking shelter in the hospital ground (basement and unoccupied sections of the hospital).
6. An interview with one of the displaced villager staying in the hospital ground. Food and water was available (cooked food sent from other sites). Support was very limited unlike other campsite and most of the displaced people have either shifted to the bigger campsites established which have better facilities and support or shifted to stay with relatives. He is a fisherman who lost his house and boat. His 5 year old son is missing and his wife is still warded in the intensive care ward from Near Drowning.
7. Discussion with the hospital officials could not be carry out as all the staff were involved in receiving Mrs Thaksin (wife of the Thailand Prime Minister).

### **VISIT TO CAMPSITE (ARBORTOR)**

8. The campsite houses more than 500 people and more people are coming each day. There are 132 children living in the campsite.

9. **Shelters.** The campsite is located on a piece of vacant land and managed by the local authority. The people are living in camping tents and each family is given a 2-men tent. New comers are put up in large tents holding up to 10 families temporary till the small family tentages are available. Work has also started to construct more durable shelters (wooden and metallic type) supported by NGOs like World Vision. The manpower comes from the Thai military.

10. **Food and Water** are available and the cooking is supported by the Thai Red Cross and other volunteers working in the camp. 3 meals a day is made available to the displaced people in the campsite. Bottled water is also made available for drinking purposes.

Supplementary feeding for vulnerable groups like infants, pregnant women and the elderly is not available. Mothers are seen breast feeding their children and nutritionally, there is no evidence of malnutrition.

11. **Sanitation.** Temporary toilets and bathrooms are being setup in the campsite. There are about 20 toilets located in the campsite giving a ratio of 1 toilet to 25 persons which is sufficient. However as the people in the campsite climbs, there is a need to increase the toilet facilities. Water for washing is available in containers as piping water is not available yet. This would need to be address as people would be likely to stay in the site for the next 6 months.

12. **Health.** There is a clinic providing primary health care in the campsite. The clinic is managed by a military medical officer. He is augmented by volunteer doctors (stay only during the day time). The clinic is open 24 hours. Medication is available and discussion with the 3 medical officers (1 military and 2 civilian volunteers) do not reveal any diseases outbreak or malnutrition in the camp. Dr. Wichai Julranichpong, one of the 3 medical officers working in the campsite commented that there is no need for any supplementary feeding.

13. **Vaccination.** Measles Vaccination is being carried out on children from 6 months to 6 year old.

14. **Children Care.** The officials from the Department of Social Development are running activities for children in the campsite. The officials are augmented by a nurse who take care of minor ailments (serious cases would be refer to the medical officer for treatment, a social worker and a psychological counselor. The official in charge of the children program; Ms Napa Selthakorn confirmed that children with missing parents and no relatives to take care of them are not kept in this campsite but located in special shelters; Baby's Home.

#### VISIT TO TEMPORARY MORTUARY SITE 1

15. A visit was carried out to the site. The site is divided into 2 sections; one side managed by the Thai Forensic Team doing identification work on local remains and the other section managed by overseas Forensic teams (lead and coordinated by the

Australian Forensic team). Proper procedures has been established for managing the work and more stringent procedures have been put in place for hygiene and disease prevention. Security have improved and outsiders (people not involved in Forensic and support) are not allow into the facility. Work would probably continue for another 2 weeks.

16. Discussion with the Australian Forensic team and Thai Forensic team was not possible as the coordinators were receiving Mr. Thaksin, the Thai Prime Minister.

Dr Kwang Joo TEO